

MDR Tracking Number: M5-04-1878-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 2-23-04.

The IRO reviewed office visits w/manipulations, additional manipulations, continuous passive motion (97139-CM), therapeutic exercises, copies of medical records, manual traction, joint mobilization, unlisted procedure-nervous system (64999-22), computer data analysis, prolonged physician service, electrical stimulation (unattended), chiropractic manipulation on 3-3-03 to 6-24-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 6-8-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

On 10-22-04, the requestor submitted a letter stating they did not wish to pursue the additional issues.

The above Decision is hereby issued this 22nd day of October 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-1878-01
IRO Certificate Number: 5259

April 21, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or

rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

Sincerely,

CLINICAL HISTORY

Patient received extensive physical medicine treatments and examinations after she began experiencing wrist, neck and right leg pain while at work on ____.

REQUESTED SERVICE(S)

Level III office visits w/manipulation, unlisted modality (97039-CM), therapeutic exercises, medical records (99080), traction manual, joint mobilization, unlisted procedure-nervous system (64999), computer data analysis (99090), prolonged physician service (99354), manipulation each additional area, electrical stimulation unattended, chiropractic manipulation (97260) from 03/03/03 to 06/24/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Based on the patient's reported symptoms, it would be reasonable to assume that 8 weeks of treatment would be medically necessary. In fact, the physician on 12/12/02 initially recommended treatment for that exact time period. However, the medical records submitted fail to document the medical necessity for continued care beyond the initial 8-week period.

For all practical purposes, daily progress notes for the patient were not provided since the computer generated text was essentially identical and often verbatim from day to day to day. Moreover, the daily treatment records repeatedly state that there was no change in regard to the patient's condition or symptoms. As a

result, no actual documentation was supplied that would in any way support the medical necessity of the care rendered.

Furthermore, no documentation was supplied to indicate that the care offered relief, promoted recovery or enhanced the employee's ability to return to work. The treatment therefore did not meet the required statutory standard to be considered medically necessary.